

Application Data Sheet 37 CFR 1.76		Attorney Docket Number	1512.2.164
		Application Number	10/577,886
Title of Invention	REPAIR OF DAMAGED TISSUE ON A BONE SITE		
<p>The application data sheet is part of the provisional or nonprovisional application for which it is being submitted. The following form contains the bibliographic data arranged in a format specified by the United States Patent and Trademark Office as outlined in 37 CFR 1.76. This document may be completed electronically and submitted to the Office in electronic format using the Electronic Filing System (EFS) or the document may be printed and included in a paper filed application.</p>			

Secrecy Order 37 CFR 5.2

☐ Portions or all of the application associated with this Application Data Sheet may fall under a Secrecy Order pursuant to 37 CFR 5.2 (Paper filers only. Applications fall under Secrecy Order may not be filed electronically.)

Applicant Information:

Applicant					
Applicant Authority <input checked="" type="checkbox"/> Inventor		<input type="checkbox"/> Legal Representative under 35 U.S.C. 117		<input type="checkbox"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name	Middle Name	Family Name	Suffix	
	Bahaa	Botros	Seedhom		
Residence Information (Select One) <input type="checkbox"/> US Residency <input checked="" type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service					
City	Leeds	State/Province		Country of Residence	Great Britain
Citizenship under 37 CFR 1.41(b)		Great Britain			
Mailing Address of Applicant:					
Address 1		Springfield House			
Address 2		Whitehouse Lane			
City	Leeds	State/Province			
Postal Code	LS19 7UE	Country	Great Britain		
All Inventors Must Be Listed - Additional Inventor Information blocks may be generated within this form by selecting the Add button.					

Applicant					
Applicant Authority <input checked="" type="checkbox"/> Inventor		<input type="checkbox"/> Legal Representative under 35 U.S.C. 117		<input type="checkbox"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name	Middle Name	Family Name	Suffix	
	Jonathan	Charles	Lorrison		
Residence Information (Select One) <input type="checkbox"/> US Residency <input checked="" type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service					
City	Leeds	State/Province		Country of Residence	Great Britain
Citizenship under 37 CFR 1.41(b)		Great Britain			
Mailing Address of Applicant:					

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Correspondence Information:

Enter either Customer Number or complete the Correspondence Information section below. For further information see 37 CFR 1.33(a).	
<input type="checkbox"/> An Address is being provided for the correspondence Information of this application.	
Customer Number	21552
Email Address	

Application Information:

Title of the Invention	REPAIR OF DAMAGED TISSUE ON A BONE SITE		
Attorney Docket Number	1512.2.164	Small Entity Status Claimed <input type="checkbox"/>	
Application Type	Non Provisional		
Subject Matter	Utility		
Suggested Class (if any)		Sub Class (if any)	
Suggested Technology Center (if any)			
Total Number of Drawing Sheets (if any)	12	Suggested Figure for Publication (if any)	

Publication Information:
<input type="checkbox"/> Request Early Publication (Fee required at time of Request 37 CFR 1.219)
Request Not to Publish. I hereby request that the attached application not be published under 35 U.S.C. 122(b) and certify that the invention disclosed in the attached application has not been and will not be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing.

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Representative Information:

Representative information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32). Enter either Customer Number or complete the Representative Name section below. If both sections are completed the Customer Number will be used for the Representative Information during processing.

Please Select One:	<input checked="" type="checkbox"/> Customer Number	<input type="checkbox"/> US Patent Practitioner	<input type="checkbox"/> US Representative (37 CFR 11.9)	
Customer Number	21552			
Prefix	Given Name	Middle Name	Family Name	Suffix
Registration Number				
Additional Representative Information blocks may be generated within this form by selecting the Add button.				

Domestic Priority Information:

This section allows for the applicant to claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c). Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a) (4), and need not otherwise be made part of the specification.

Prior Application Status			
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)
Additional Domestic Priority Data may be generated within this form by selecting the Add button.			

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Foreign Priority Information:

This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).

Application Number	Country ⁱ	Parent Filing Date (YYYY-MM-DD)	Priority Claimed	
PCT/GB2004/004536	WIPO	2004/10/27	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
GB0325141.0	GB	2003/10/28	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional Foreign Priority Data may be generated within this form by selecting the **Add** button.

Assignee Information:

Providing this information in the application data sheet does not substitute for compliance with any requirement of part 3 of Title 37 of the CFR to have an assignment recorded in the Office.

Assignee

If the Assignee is an Organization check here. ☒ Xiros PLC

Prefix	Given Name	Middle Name	Family Name	Suffix

Mailing Address Information:


Address 1		Springfield House		
Address 2		Whitehouse Lane		
City		Leeds	State/Province	
Country	Great Britain	Postal Code	LS19 7UE	
Phone Number			Fax Number	
Email Address				

Additional Assignee Data may be generated within this form by selecting the **Add** button.

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Signature:

A Signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.

Signature			Date (YYYY-MM-DD)	2006-09-11	
First Name	Craig J.	Last Name	Madson	Registration Number	29,407

This collection of information is required by 37 CFR 1.76. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 23 minutes to complete, including gathering, preparing, and submitting the completed application data sheet form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450 Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**